



MISSOURI YOUTH FIRE SAFETY COALITION COURSE APPLICATION

To be completed by the applicant:

Name:		Date of Birth:
Social Security No.:	Email:	
Home Address:		
City, State, Zip:		
Job Title:		Years of Service:
Agency:		
Agency Address:		
City, State, Zip:		
Agency Phone:		Agency Fax:
Have you ever forfeited bond, entered as plea of guilty or been found guilty of any crime? _____ Yes _____ No If so, describe in full on back of this form		

Youth Fire Safety Coalition Course applying for:

Location:

Date:

I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial of admission to this program.

I further authorize all law enforcement agencies, U.S. Military, Federal, State, and/or local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Signature:

Date:

To be completed by the applicant's agency supervisor:

I hereby attest that (Above applicant) _____ is an authorized representative of (Agency name) _____ and authorize this individual to attend the Missouri Fire Safety Coalition training course.

Signature:

Date:

**Send completed application to: Lt. Debbie Sorrell, Columbia Fire Department, 201 Orr Street, Columbia, MO 65201
APPLICATIONS ARE DUE BY FEBRUARY 12, 2007**